

## EXPERIENCE MODIFICATION RATE AND

### RECORDABLE INCIDENT RATE / LOST-TIME INCIDENT RATE

This form must be completed and submitted to Jet Propulsion Laboratory. The intent of this form is to measure and evaluate each Subcontractor's frequency, severity, and incident rate as they relate to workers compensation insurance claims. The EMR (Experience Modification Rate) is a number established by insurance carriers to accurately adjust an individual company's workers compensation insurance premiums based on industry average workers compensation insurance claims for their respective NAICS (North American Industry Classification System). Recordable and lost-time incident rates used to measure and evaluate a company's frequency, severity, and incident rates as they relate to occupational related injuries and illnesses. In addition to the information provided below, please attach copies of your OSHA 300, 301, and 300A forms for each of the three respective years.

Name of Subcontractor: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_ Contract No.: \_\_\_\_\_

NAICS / SIC No. : \_\_\_\_\_

#### Recordable Injuries/Illnesses Data:

Year	Total Hrs worked	Number Of Recordable Injuries/Illnesses	Total days of restricted work	Recordable Incident Rate
Year 1 = _____	_____	_____	_____	_____
Year 2 = _____	_____	_____	_____	_____
Year 3 = _____	_____	_____	_____	_____

#### Lost-Time Injuries/Illnesses Data:

Year	Total Hrs worked	Number Of Lost-Time Injuries/Illnesses	Total lost work days	Lost-Time Incident Rate
Year 1 = _____	_____	_____	_____	_____
Year 2 = _____	_____	_____	_____	_____
Year 3 = _____	_____	_____	_____	_____

☐ \_\_\_\_\_ (insert Company name) \_\_\_\_\_ does not have an EMR.

#### Workers Compensation EMR (Experience Modification Rate):

Year 1 = _____	Year 2 = _____	Year 3 = _____
Rate = _____	Rate = _____	Rate = _____

Name of Authorized Representative: \_\_\_\_\_

*Print*

Signature of Authorized Representative: \_\_\_\_\_

Date signed: \_\_\_\_\_